

TYPE OF ACTION		
<input type="checkbox"/> 1. ORIGINAL	<input type="checkbox"/> 2. SUPPLEMENTAL	<input type="checkbox"/> 3. POST REMAND
<input type="checkbox"/> 4. RECONSIDERATION	<input type="checkbox"/> 5. VACATE	<input type="checkbox"/> 6. DE NOVO (POST-VACATE)
<input type="checkbox"/> 7. COURT REMAND	<input type="checkbox"/> 8. DOR	<input type="checkbox"/> 9. CUE

QUESTION(S) AT ISSUE (<i>Tentative - see decision</i>)	TOTAL ISSUES

SPECIALTY

BVA HEARING REQUEST

<input type="checkbox"/> CENTRAL OFFICE	<input type="checkbox"/> TRAVEL BOARD
<input type="checkbox"/> VIDEO	<input type="checkbox"/> NONE

DOCKETED BY

COUNSEL ACTION

DATE ASSIGNED TO COUNSEL	INITIALS OF ASSIGNER

CASSETTE NO.	DATE	COUNSEL NO.

OPINION

<input type="checkbox"/> IME	<input type="checkbox"/> VHA	<input type="checkbox"/> AFIP	<input type="checkbox"/> GC
------------------------------	------------------------------	-------------------------------	-----------------------------

SPECIAL INTEREST CASES

SPECIAL CONTENTIONS (*Check all that apply*)

<input type="checkbox"/> AGENT ORANGE/HERBICIDE	<input type="checkbox"/> RADIATION RELATED - BOMB
<input type="checkbox"/> ASBESTOSIS	<input type="checkbox"/> RADIATION RELATED - NON-BOMB
<input type="checkbox"/> GULF WAR UNDIAGNOSED ILLNESS	<input type="checkbox"/> SARCOIDOSIS
<input type="checkbox"/> HEPATITIS C	<input type="checkbox"/> SEXUAL ASSAULT/HARASSMENT
<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> TOBACCO RELATED DISABILITY
<input type="checkbox"/> MUSTARD GAS	<input type="checkbox"/> NO SPECIAL CONTENTIONS
<input type="checkbox"/> PTSD	

OTHER (*Check all that apply*)

<input type="checkbox"/> 38 U.S.C. 1151 CLAIM	<input type="checkbox"/> PRE-DISCHARGE VA EXAM
<input type="checkbox"/> NO NEW & MATERIAL EVIDENCE	<input type="checkbox"/> TOTAL RATING TERMINATION
<input type="checkbox"/> NOT WELL-GROUNDED	<input type="checkbox"/> NONE OF THESE

HEARING ACTION (*Specify Date of Formal Hearing*)

<input type="checkbox"/> REGIONAL	<input type="checkbox"/> INFORMAL HEARING
<input type="checkbox"/> CENTRAL	<input type="checkbox"/> NONE
<input type="checkbox"/> TRAVEL BOARD	

SERVICE OF VETERAN (*Check all that apply*)

<input type="checkbox"/> NONE CREDITABLE	<input type="checkbox"/> PWW I	<input type="checkbox"/> WW I	<input type="checkbox"/> WW II	<input type="checkbox"/> PTE
<input type="checkbox"/> KC	<input type="checkbox"/> PK	<input type="checkbox"/> VE	<input type="checkbox"/> PVE	<input type="checkbox"/> PG

VETERAN DATA (*Check all that apply*)

<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	<input type="checkbox"/> POW	<input type="checkbox"/> PERSIAN GULF WAR
-------------------------------	---------------------------------	------------------------------	---

SIGNATURE	DATE

REVISED BY (<i>Signature</i>)	DATE

DOCUMENT ID NO.

BRIEFFACE

BOARD OF VETERANS' APPEALS

STATISTICAL INFORMATION	DATE
-------------------------	------

NOTICE OF DISAGREEMENT (NOD) RECEIVED	
---------------------------------------	--

STATEMENT OF CASE (SOC) FURNISHED	
-----------------------------------	--

SUBSTANTIVE APPEAL (VAF 9) RECEIVED IN REGIONAL OFFICE	
--	--

DATE APPEAL ADDED TO BVA DOCKET	
---------------------------------	--

DATE CLAIMS FOLDER RECEIVED AT BVA	
------------------------------------	--

RECORDS RECEIVED (*Check all that apply*)

<input type="checkbox"/> CLAIMS FOLDER (NO. _____)	<input type="checkbox"/> EDUCATION FOLDER
<input type="checkbox"/> LOAN GUARANTY FOLDER	<input type="checkbox"/> INSURANCE FOLDER
<input type="checkbox"/> INCOME VERIFICATION MATCH FOLDER (IVM)	<input type="checkbox"/> DENTAL FOLDER
<input type="checkbox"/> MEDICAL FOLDER (NO. _____)	<input type="checkbox"/> X-RAYS
<input type="checkbox"/> SLIDES (NO. _____)	<input type="checkbox"/> TISSUE BLOCKS (NO. _____)
<input type="checkbox"/> OTHER (<i>Specify</i>) _____	

REPRESENTED BY (*Code or name of attorney*)

CONTESTING APPELLANTS	REPRESENTED BY
-----------------------	----------------

CONGRESSIONAL INTEREST

DECISION TEAM ACTION

VETERANS LAW JUDGE	INITIALS	VETERANS LAW JUDGE NO.

☐ **CAUTION! SPECIAL RULE 1301(a) RELEASE PROCEDURES**

REMARKS

NAME OF VA REGIONAL OFFICE	REGIONAL OFFICE NO.

DISPATCHED BY	DATE OF DECISION

FOR USE BY COUNSEL

SIGNATURE

DATE

FOR USE BY VETERANS LAW JUDGE(S)

SIGNATURE OF VETERANS LAW JUDGE

DATE

(ATTACH DECISION HERE)

*(NOTE: This back flap should not be used for notes you wish to keep long-term.
The back flap is removed after the case is dispatched.)*

VETERAN'S NAME

BAR CODE LABEL HERE